

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 875)

SERIAL NO. **10/5 003** FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1						51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10		3		3			60						
11	1		1	3			61						
12	1		1	1			62						
13	1		1	1			63						
14	1		1	1			64	1		1	1		
15	2		2	2			65						
16	2		2	2			66						
17	2		2	2			67						
18	2		2	2			68						
19	2		2	2			69						
20	2		2	2			70						
21	1		1	1			71						
22	1		1	1			72						
23	1		1	1			73						
24	2		2	2			74						
25	2		2	1			75						
26	2		2	1			76						
27	1		1	1			77						
28	1		1	1			78						
29	1		1	1			79						
30	2		2	1			80						
31	2		2	1			81						
32	2		2	1			82						
33	2		2	1			83						
34	2		2	1			84						
35	2		2	1			85						
36	2		2	1			86						
37	2		2	1			87						
38	2		2	1			88						
39	2		2	1			89						
40	2		2	1			90						
41	1		1	1			91						
42	1		1	1			92						
43	1		1	1			93						
44	3		3	3			94						
45	2		2	1			95						
46	2		2	1			96						
47	2		2	1			97						
48	2		2	1			98						
49	2		2	1			99						
50	2		2	1			100						
TOTAL IND.			7				TOTAL IND.	7					
TOTAL DEP.			70				TOTAL DEP.	70					
TOTAL CLAIMS			77				TOTAL CLAIMS	77					